

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000008784

1. Entity Name
G H CONSTRUCTION SERVICES LLC



Principal Place of Business

**1507 PALAFOX STREET
PENSACOLA, FL 32501**

Mailing Address

**1507 PALAFOX STREET
PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE



01272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0032081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**HOLMAN, WILLIAM P
2513 ROSEDOWN DRIVE
CANTONMENT, FL 32533**

**DO NOT WRITE
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William P. Holman **member manager** **3/10/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**U000000463944
03/27/06-80022-014 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOLMAN, WILLIAM P
STREET ADDRESS	2513 ROSEDOWN DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	MGR
NAME	GUTENMANN, WILLIAM W
STREET ADDRESS	13 CALLE MARBELLA
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

William Holman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

850-4364713